



The Commonwealth of Massachusetts
Department of Public Safety
Elevator Inspection Division

Phone (617) 727-3200 Fax 617-248-0813

DPS-Elv-P 08/12/03

Office Use Only

Application for Elevator Safety Abatement Inspection

Location name		Address	City, state zip
Owner / Lessee		Address	City, state zip
Elevator Co.		Address	City, state zip
State ID No.		Last Inspection Date?	Repair completion date?

Please attach a copy of the DPS Work Orders issued for this elevator. All elevators that have been Placarded and Shutdown for not passing the mandatory 90 Day Work Order Re-Inspection must submit this application. The purpose of this application is to determine a reasonable course of action to insure this elevator is put back in service in safe working condition as provided for in MA Elevator Regulation 524 CMR part 35. This elevator has been shut down as a result of failure to remedy in 90 days the Work Orders cited during an initial inspection pertaining to the Elevators Safety Devices thus failing a second safety inspection. Please fill out this application completely so that the Department of Public Safety may determine a course of action to get this elevator inspected and back in service.

1. Please explain the course of events during the 90 temporary certificate that prevented work orders cited on this elevator from being remedied?

2. If the elevator maintenance work has not been completed, please explain why? State specific events and dates.

3. When will this elevator be ready for a safety inspection? Are there any circumstances preventing completion of the repair work in a timely manner, in which case another temporary certificate should be issued?

Signature of the Owner or Authorized Representative

_____/_____/_____
Date

Print below the name of the Owner or Authorized Representative:

Complete and forward this form to:

Commissioner of Public Safety
Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA. 02108-1618

☐ Elevators are under current maintenance contract.

☐ Elevators have been Pre-Tested and made ready.

Telephone: () _____

This form is to be used only when an elevator has been placarded and shut down for failing to pass the 90 Day Work Order Re-Inspection. Please submit 1 form for each elevator that required re-inspection.